Early TUbectomy with delayed oophorectomy to improve quality of life as alternative for risk reducing salpingo-oophorectomy in BRCA1/2 gene mutation carriers

Published: 02-10-2014
Last updated: 22-04-2024

To evaluate RRS after childbearing with delayed RRO as an alternative for RRSO in BRCA1/2 gene germline mutation carriers. We hypothesize that delay of menopause leads to an improvement of quality of life and sexual functioning, and a decrease in...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Reproductive tract and breast disorders congenital
Study type	Interventional

Summary

ID

NL-OMON50538

Source
ToetsingOnline

Brief title
TUBA study

Condition

- Reproductive tract and breast disorders congenital
- Reproductive neoplasms female malignant and unspecified
- Menopause related conditions

Synonym
hereditary breast and ovarian cancer; BRCA mutation

Research involving

Human

Sponsors and support

Primary sponsor: Gynaecologie en Verloskunde
Source(s) of monetary or material Support: Ministerie van OC&W,KWF Kankerbestrijding

Intervention

Keyword: BRCA, oophorectomy, risk-reducing, salpingectomy

Outcome measures

Primary outcome

Primary study outcome is the difference in menopause related quality of life, measured by the Greene Climacteric Scale (GCS) at baseline and different time points in follow-up.

Secondary outcome

Secondary study outcomes include changes in cardiovascular risk factors, incidence of breast and/or ovarian cancer and cardiovascular disease, the cost-effectiveness, surgery-related outcome and pathologic findings of the removed fallopian tubes. Total duration of follow-up will be 15 years.

Study description

Background summary

In BRCA 1/2 gene mutation carriers, a risk-reducing salpingo-oophorectomy (RRSO) is recommended around the age of 40, based on first, a 10-40% life-time risk of ovarian cancer in this population, second, disappointing results of ovarian cancer surveillance for early detection and third, the high mortality rate of ovarian cancer. Effects of RRSO are reduced ovarian (80-96%) cancer and disputable reduction of breast cancer (50%?) on one hand and immediate onset of menopause and non-cancer related morbidity on the other hand. Based on recent studies showing that most high-grade serous ovarian cancers develop at the distal end of the Fallopian tube, an alternative strategy for RRSO has been

developed for this study proposal: risk-reducing salpingectomy (RRS) with delayed risk-reducing oophorectomy (RRO). However, the safety of this strategy has not been proven yet. Before offering this alternative strategy to BRCA 1/2 gene germline mutation carriers, consequences of implementation need to be studied.

Study objective

To evaluate RRS after childbearing with delayed RRO as an alternative for RRSO in BRCA1/2 gene germline mutation carriers. We hypothesize that delay of menopause leads to an improvement of quality of life and sexual functioning, and a decrease in cardiovascular risk factors without a significant increase in ovarian cancer mortality.

Study design

A prospective non-randomized study.

Intervention

Innovative treatment: RRS when childbearing is completed with a delayed RRO (BRCA1 at age 40-45; BRCA2 at age 45-50)
Standard treatment: RRSO (BRCA1 at age 35-40; BRCA2 at age 40-45); BRCA 1/2 gene germline mutation carriers who opt for early RRS but still want RRO at the age of the current standard treatment (BRCA1 35- 40, BRCA2 40-45), can choose for the innovative treatment as well, provided that at least a 2-year interval between RRS and RRO is expected at baseline. However, they do not contribute to the calculated 510 inclusions.

Study burden and risks

Participants will be asked to fill in questionnaires on quality of life and medical conditions at several time points (1 week before and 3 and 12 months after surgery; subsequently biennial until 15 years after RR(S)O). Fasting blood samples to measure cardiovascular risk factors are taken around the time of surgery and after 5 years after each surgery. Therefore, one or two extra site visits are required. The most important risk for participants is the risk of developing ovarian cancer within the interval between RRS and RRO. We estimate that risk about 1% when RRO is postponed for five years. Furthermore, in the alternative treatment, the participant will undergo a laparoscopy twice. Known complication rates for RRSO in a comparable population vary from 1.5-5% for major and 3.9-10% for minor complications. Risks might be lower for RRS alone.

Contacts

Public
Selecteer

Geert Grooteplein-Zuid 10
Nijmegen 6525 GA
NL
Scientific
Selecteer

Geert Grooteplein-Zuid 10
Nijmegen 6525 GA
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)

Inclusion criteria

- Premenopausal women with a documented BRCA1 and/or BRCA2 germline mutation
- Age 25-40 years for BRCA1 mutation carriers, 25-45 years for BRCA2
- Childbearing completed
- Presence of at least one fallopian tube
- Participants may have a personal history of non-ovarian malignancy

Exclusion criteria

- Postmenopausal status (natural menopause or due to (cancer) treatment)
- Wish for second stage RRO within two years after RRS (if clear at enrollment)
- Legally incapable
- Prior bilateral salpingectomy

- A personal history of ovarian, fallopian tube or peritoneal cancer
- Evidence of malignant disease at enrollment
- Current treatment for malignant disease
- Inability to read or speak Dutch

Study design

Design

Study type:	Interventional
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Prevention

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	16-01-2015
Enrollment:	510
Type:	Actual

Ethics review

Approved WMO Date:	02-10-2014
Application type:	First submission
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	26-01-2015
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	31-03-2015

Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	11-05-2015
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	16-06-2015
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	28-07-2015
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	01-02-2016
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	26-10-2017
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	05-07-2018
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	06-04-2020
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	05-02-2024
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
ClinicalTrials.gov	NCT02321228
CCMO	NL50048.091.14